

Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	24 June 2014
Officer	Director for Adult and Community Services
Subject of Report	Non-Emergency Patient Transport Services – Report from Dorset HealthCare University NHS Foundation Trust
Executive Summary	<p>Following the presentation of a report on non-emergency patient transport services (NEPTS) to the Dorset Health Scrutiny Committee on 10 March 2014, members agreed that a wider investigation into the issues raised should include input from all stakeholders. Dorset HealthCare (DHC) University NHS Foundation Trust was therefore asked to provide a report from their perspective, reflecting the impact on a provider of community hospital and community health services.</p> <p>The report sets out: contextual information, together with an outline of DHC’s involvement in the tender and selection process; key issues when the new service went live, the effects of which were particularly difficult for patients with special needs such as dementia and learning disabilities; and the current situation, including how the Trust is now working with the new provider (E-zec Medical Transport Services Ltd).</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p> <p>Use of Evidence:</p> <p>Report produced by Dorset HealthCare University NHS Foundation Trust.</p>
<i>Please refer to the protocol for writing reports.</i>	

	<p>Budget:</p> <p>Not applicable.</p> <hr/> <p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate) <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p> <p>(Note: Where HIGH risks have been identified, these should be briefly summarised here, identifying the appropriate risk category, i.e. financial / strategic priorities / health and safety / reputation / criticality of service.)</p> <hr/> <p>Other Implications:</p> <p>Not applicable.</p>
<p>Recommendation</p>	<p>That the Committee consider the evidence provided alongside that provided in the six reports provided by other stakeholders, and use this as a basis for discussion with the authors.</p>
<p>Reason for Recommendation</p>	<p>The work of the Committee contributes to the County Council's aim to protect and enrich the health and wellbeing of Dorset's most vulnerable adults and children.</p>
<p>Appendices</p>	<p>None.</p>
<p>Background Papers</p>	<p>None.</p>
<p>Report Originator and Contact</p>	<p>Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk</p>

NON-EMERGENCY PATIENT TRANSPORT SERVICES

1 PURPOSE OF THIS PAPER

- 1.1 The purpose of this paper is to report to the Dorset Health Scrutiny Committee in regard to Non-Emergency Patient Transport Services.

2 BACKGROUND

- 2.1 In 2012, Dorset HealthCare (DHC) joined the Dorset, Poole and Bournemouth cluster procurement arrangement for non-emergency transport (NEPTS). We were represented on the operational working group to determine the service specification for a Dorset-wide service. For DHC this was to replace formal and informal arrangements with South West Ambulance Trust, specialist mental health transport companies and local taxi firms. The multiple contractual arrangements in place across Dorset would be replaced by a singular commissioned pan-Dorset service held by Dorset Clinical Commissioning Group (DCCG).
- 2.2 There were challenges in identifying the journey activity for our patients, not least of all because of the nature of the Trust and the number of sites on which our patients receive care. However every effort was made to capture this to ensure that the new service met our needs.
- 2.3 In February/March 2013 we actively contributed to the selection process. We fully supported the decision to appoint E-zec Medical, who presented as innovative, flexible and upholding of our values for our patients.
- 2.4 E-zec Medical went live with NEPTS on 1 October 2013.

3 KEY ISSUES

- 3.1 From the start, there were many operational problems which did impact on patient care. We worked closely with DCCG and E-zec, who, despite their willingness to address the problems, made little or no improvement. It became apparent that E-zec did not have the capacity to meet the needs of the service.
- 3.2 All provider Trusts met regular with DCCG to share concerns.
- 3.3 A log of all incidents was put in place and shared with E-zec. The particular areas of difficulty for our patients were in Older People's Mental Health day services, specialist outpatient services eg audiology and community dental services, and community hospital in-patients needing to attend acute hospital appointments eg for diagnostics or specialist treatment.

- 3.4 Our ability to contact the control centre added to frustration when the service failed.
- 3.5 The NEPTS was identified as a high risk to delivery of patient care for the Trust and was raised at Trust Board level. Our main concern was the impact on our patients, many of whom have special needs such as a learning disability or dementia and were particularly distressed when their transport did not arrive. However, there were also financial costs associated with missed appointments, wasted rostered escorts and taxis booked by the Trust to avoid delays.
- 3.6 From March 2014, DCCG agreed an increase in funding in the contract with E-zec

4 CURRENT POSITION

- 4.1 Since April 2014, we have seen a significant reduction in transport problems.
- 4.2 Where problems have continued in pockets, E-zec have had the capacity to visit sites and work with the service to identify any special needs and to train staff to use the on-line booking facility to improve communication and efficiency.
- 4.3 We have a Trust Non-Emergency Transport Group with representatives from key service areas. The E-zec team join us for part of the meeting to ensure that we are working together to resolve issues.
- 4.4 The risk to patient care will be reviewed at the end of Quarter 1, but is unlikely to remain high on the Trust's risk register.

5 RECOMMENDATIONS

- 5.1 The Committee is asked to note the report.

Sally O'Donnell
Interim Director
Community Health Services
29 May 2013